2030780004

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

Office Use Only

FEC FORM 3X

Rev. 12/2004

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		arterly Reports:	Di	ue On:	Mar 20 (M	13)	Jun 20 (N	M6)	Sep 20 (MS)) []	Dec 20 (M12) (Non-Election Year Only)
	1/2	April 15		202	Apr 20 (M	4)	Jul 20 (M	17)	Oct 20 (M1	0)	Jan 31 (YE)
	X	Quarterly Report (0	(c)	12-Day PRE-Electi		Primary (1	2P)		General (12G)		Runoff (12R)
		Quarterly Report (Coctober 15		Report for	120	Conventio	n (12C)	S.EU	Special (12S)		
	П	Quarterly Report (C January 31 Year-End Report (C			Election on	San Marie			And the fact of th	in the State	of I
		July 31 Mid-Year Report (Non-election Year Only) (MY)	(d)	POST-Elec	ANA	General (Runoff (30R)	15 May 2	Special (30S)
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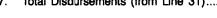
Office

Use

Only

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SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003). Page 2 Write or Type Committee Name 50 Report Covering the Period: From: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand January 1, (b) Cash on Hand at Beginning of Reporting Period...... (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... Total Disbursements (from Line 31)......

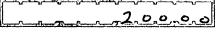


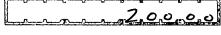




Reporting Period (subtract Line 7 from Line 6(d)).....

Cash on Hand at Close of

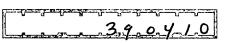




Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)



10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

Page 3

Write or Type Committee Name

FEC Form 3X (Rev. 06/2004)

_	50 State Strategy	<u> </u>	[] [] [] [] [] [] [] [] [] []
Re	eport Covering the Period: From:	2 0 1 2 0 1 2 To	0 3 31 2012
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:		
	(a) Individuals/Persons Other		
	Than Political Committees		
	(i) Itemized (use Schedule A)	~ · · · · · · · · · · · · · · · · · · ·	55.00
	(ii) Uniternized		
	(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)	0 12 0	5500
	zilos majų, and (il)		
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)		
	(d) Total Contributions (add Lines	Market in the second of the second desired and the second desired in the second desired desired in the second desired desired in the second desired desired desired in the second desired desire	
	11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)▶		5.5.6.0
12.	Transfers From Affiliated/Other		
	Party Committees		
		2.0	
13.	All Loans Received	<u> </u>	7,0,3,4,1,0
	Loan Repayments Received		
15.	Offsets To Operating Expenditures		
	(Refunds, Rebates, etc.)		
16	(Carry Totals to Line 37, page 5) Refunds of Contributions Made	L	
10.	to Federal Candidates and Other		
	Political Committees		
17	Other Federal Receipts		
•••	(Dividends, Interest, etc.)		
18.	Transfers from Non-Federal and Levin Funds		7.7.7.1.7
	(a) Non-Federal Account		
	(from Schedule H3)		
	(b) Levin Funds (from Schedule H5)		
	(c) Total Transfers (add 18(a) and 18(b))		
10	Total Passints (add Lines 44/d)		
ı J .	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶		
	12, 10, 17, 13, 10, 17, allu 10(c))	3,9.04.10	1.0.8.9.1.0
20	Total Federal Receipts		
_0.	(subtract Line 18(c) from Line 19)▶	2004	
		3,9,0,4,1,0	75,058,75,0

FEC Form 3X (Rev. 02/2003).

DETAILED SUMMARY PAGE

of Disbursements

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Total This Period	Calendar Year-to-Date
	(i) Federal Share		
	(ii) Non-Federal Share		
	(ii) Non-Federal Share(b) Other Federal Operating		
	Expenditures	3,76.260	3,9,2,7,6,0
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	271212	20271
22.	Transfers to Affiliated/Other Party	3,76260	3,9,2,7,6,0
28.	Committees		
24.	Independent Expenditures		
25.	(use Schedule E)		
	(ase canada /)		
26.	Loan Repayments Made		
27. 28.	Loans Made		
	Than Political Committees		
	(b) Political Party Committees		
	(such as PACs)		
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶		n n n n n n n n n n n n
29.	Other Disbursements		
30.	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from School le US)		
	(from Schedule H6) (i) Federal Share		
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely		
	With Federal Funds		
31.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	7.7. 3.9.6.2.6.0	3,2,2,7,60
32.	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Perlod	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans)		
(from Line 11(d), page 3)		5.5.60
34. Total Contribution Refunds		
(from Line 28(d))		
35. Net Contributions (other than loans)		
(subtract Line 34 from Line 33)		7777755.00
36. Total Federal Operating Expenditures		
(add Line 21(a)(i) and Line 21(b)) ▶	37-62-60	3,5,2,7,6,0
37. Offsets to Operating Expenditures		
(from Line 15, page 3)	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	672
38. Net Operating Expenditures		
(subtract Line 37 from Line 36)	3,7,6,2.6,0	3,9,2,7.6,0

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SCHEDULE B (FEC Form 3X)

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 6 OF								
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	· ·								
	Detailed Summary Page	21b	22 23 28a 28b	24 25 26 28c 29 30b							
											
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NAME OF COMMITTEE (In Full)											
> _											
Full Name (Last, First, Middle Initial)											
Full Name (Last, First, Middle Initial)			Date of Disburser	ment							
Union Bank			CMLAMII \ LPLA								
Mailing Address			OZ	2017							
99 Almaden Blud #10	D San Jose, CA	95113									
City	State Zip Code										
Bank Fees Purpose of Disbursement											
Tulpood of Biobaldonicin			Amount of Each I	Disbursement this Period							
Candidate Name		Category/									
		Type	<u> </u>	,_,6, <i>5,.</i> 5, <i>5</i>							
Office Sought: House Disbursen											
Senate President	Primary General Other (specify) ▼										
State: District:	Other (specify)										
Full Name (Last, First, Middle Initial)				 							
В.			Date of Disburse	ment							
Robinson Communications			LANALA LOCO LAGANA								
Mailing Address 152 N. Third St. San Toss	· 10 9=112		02 0	9 2012							
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Purpose of Disbursement	l n										
Candidate Name											
		Category/ Type		1,0,2,2,9,6							
Office Sought: House Disburser	nent For:										
Senate	Primary General										
President	Other (specify)										
State: District:											
Full Name (Last, First, Middle Initial) C.			Date of Disburse	ement							
Robinson Communications	Inc.		1474 \ Len								
Mailing Address				0 2012							
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State Democranic Co	state Zip Code	3.66.000	G 50.0								
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			Amount of Each	Disbursement this Period							
Candidate Name		Category/									
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President	Other (specify) ▼										
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER:	PA
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Category/ Type

General

Office Sought:

State:

House

Senate

District:

President

Disbursement For:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

Primary

Other (specify) ▼

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 9 OF 12
FOR LINE 13 OF FORM 3X

	Detailed Summary Page FOR LINE 13 OF FORM 3X						
IAME OF COMMITTEE (In Full)							
50 State Strategy LOAN SOURCE Full Name (Last, First, Middle Initial)							
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:						
Robinson Communications Inc.	Primary General						
Mailing Address	Other (specify) ▼						
Robinson Communications, Inc. Mailing Address 152 N. Third St. San Jose CA 95 I City State ZIP Coc	le						
Original Amount of Loan Cumulative Payment To							
[000 7.0.5						
Date Incurred Date Due Date Due Date Due	Interest Rate Secured:						
List All Endorsers or Guarantors (if any) to Loan Source							
Full Name (Last, First, Middle Initial)	Name of Employer						
Mailing Address	Occupation						
City State ZIP Code	Amount Guaranteed Outstanding:						
2. Full Name (Last, First, Middle Initial)	Name of Employer						
Mailing Address	Occupation						
	Amount						
City State ZIP Code	Guaranteed Outstanding:						
3. Full Name (Last, First, Middle Initial)	Name of Employer						
Mailing Address	Occupation						
6h. 915 0. J.	Amount						
City State ZIP Code	Guaranteed Outstanding:						
4. Full Name (Last, First, Middle Initial)	Name of Employer						
Mailing Address	Occupation						
	Amount						
City State ZIP Code	Guaranteed Outstanding:						
CUPTOTAL O This Parted This Parted (1)							
SUBTOTALS This Period This Page (optional)	<u> </u>						
TOTALS This Period (last page in this line only).							
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.						

SCHEDULE C	(FEC Form 3X)
LOANS	

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 10 OF 17
FOR LINE 13 OF FORM 3X

	Detailed Summary Page FOR LINE 13 OF FORM 3X		
AME OF COMMITTEE (in Full)			
50 Star Sha			
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:		
	Primary		
Robinson Communications	General		
Mailing Address	Other (specify) ▼		
Robinson Communications Mailing Address 152 N. Third St. San Jose CA City State ZIP C	95// 2		
Original Amount of Loan Cumulative Payment 1			
10564/10	0, 0,00		
TERMS Date Incurred Date Du	e Interest Rate Secured;		
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
710.0	Amount		
City State ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Convention		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed		
C. Full Manage (Last First Middle India)	O to		
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
Ohn State StD O-1-	Amount		
City State ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)			
FOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

HEDULE C (FEC FO	- ,	Use separate schedule(s	
DANS		for each category of the Detailed Summary Page	
ME OF COMMITTEE (In Full)	***************************************		
50 SAK S	taray	···	
		c	Election: Primary General
Robinson Community Mailing Address 152 N. Third S. City	See Tree C	4 95117	Other (specify)
City City	State	ZIP Code	
Original Amount of Loan			nce Outstanding at Close of This Pe
5	معروب المرا	العارف العارف العارف العارف العارف العارف العارف العارف العارف العارف العارف العارف العارف العارف العارف العارف	LT. T.O.O.O.
TERMS Date Incurred		Date Due Interest Rate	Secured:
02 / 5 2	12	I'mone Lo	% (apr) Yes
List All Endorsers or Guarar	• • • •		
1. Full Name (Last, First, Mic	ddle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed	<u> </u>
		Outstanding:	
2. Full Name (Last, First, Mid	dle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed	
Oity	State ZIF Code	Outstanding:	<u></u>
3. Full Name (Last, First, Mid	dle Initial)	Name of Employer	
Mailing Address	····	Occupation	
City	State ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Mid	dle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Guaranteed Outstanding:	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SUBTOTALS This Period This Page (optional).....

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SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE | Z OF | 7

	Detailed Summary Page	FOR LINE 13 OF FORM 3X	
AME OF COMMITTEE (In Full)			
LOAN SOURCE Full Name (Last, First, Mightle Initial)			
LOAN SOURCE Full Name (Last, First, Middle Initial)	Ele	ection:	
		Primary	
Kobinson Communications		General	
Mailing Address		Other (specify)	
Robinson Communications Mailing Address 15h N. Third St. San Jose CA City State ZIP Con	7 95 1/2		
		0.44 - 47 - 40 - 47 - 47 - 47 - 47 - 47 -	
Original Amount of Loan Cumulative Payment To		Outstanding at Close of This Period	
50,0,00	, 0.0.0	5.0.0.0	
TERMS Date leaves of	lateres t Dete	O a sure de	
Date Incurred Date Due	Interest Rate	Secured:	
0 2 2 2 2 2 2	0.0.	a % (apr) Yes No	
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount	The state of the s	
City State ZIP Code	Guaranteed		
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed		
Oily State Zir Code			
3. Full Name (Last, First, Middle Initial)	Name of Employer		
•	Traine of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed		
	Cotstanding.		
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
Mailing Address	Occupation		
	Amount	·	
City State ZIP Code	Amount Guaranteed		
	Outstanding:		
	(
SUBTOTALS This Period This Page (optional)			
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Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward	d to appropriate line of Summary.	

HEDULE C (FEC Form 3X)		
ANS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)			
N.4. S.			
LOAN SOURCE Full Name (Last, First	t, Middle Initial)		Election:
ŕ			Primary
Robinson Commun	icamions Inc		General
Mailing Address	4 +		Other (specify)
# 152 N. Third St.	State ZIP	Code	
Original Amount of Loan	Cumulative Payment		ce Outstanding at Close of This Per
6.4.9	5	_, _, _, _, _,	~, ~ ~ 6.4.9.
TERMS Date Incurred	Date D	ue Interest Rate	Secured:
EMERWED / LACARARARA	ا روموا السرسا		
03 61 2012		noneo	% (apr) Yes
List All Endorsers or Guarantors (if a	ny) to Loan Source		·
1. Full Name (Last, First, Middle Initial	•	Name of Employer	
Mailing Address		Occupation	
walling Address		Occupation	
		Amount	
City Sta	te ZIP Code	Guaranteed Outstanding:	<u></u>
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	te ZIP Code	Guaranteed	
		Outotailuing.	1,—(-,n—,1),—1,—1,—(;n,—,1,—,1)
3. Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address		Occupation	
City Sta	ite ZIP Code	Amount Guaranteed	V-V-V-V-V-V-V-V
Oity Oile	iio zii Oud	Outstanding:	
4. Full Name (Last, First, Middle Initial))	Name of Employer	·
Mailing Address		Occupation	
Halling radios		Cooupation	
		Amount	· · · · · · · · · · · · · · · · · · ·
City Sta	ate ZIP Code	Guaranteed Outstanding:	<u></u>
	· · · · · · · · · · · · · · · · · · ·		
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Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 14 OF 17

	Detailed Summary Page FOR LINE 13 OF FORM 3X		
NAME OF COMMITTEE (In Full)			
50 State Strategy			
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:		
EGAN GOSTIOL TUNING (Edst, Tilst, Indiae military	Primary		
Pobinson Communications In	General		
Mailing Address 152 N. Third St. San Jose CA 9 City State ZIP Coo	51/2		
Original Amount of Loan Cumulative Payment To			
6.8.00			
TERMS Date Incurred Date Due	Interest Rate Secured:		
Lund , Logo, , Lararara Lund, Logo, , Lar			
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
	O		
Mailing Address	Occupation		
	Amount Control of the second		
City State ZIP Code	Guaranteed		
	Outstanding:		
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
Walling 7,00,000	Ossapanon		
	Amount		
City State ZIP Code	Guaranteed		
	Outstanding:		
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed		
	Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
•			
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
<u></u>	Outstanding.		
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Carry outstanding balance only to LINE 3. Schedule D. for this line, if no Schedule D. carry forward to appropriate line of Summary.			

HEDULE C (FEC)			
OANS		Use separate schedule(s) for each category of the	PAGE 15 OF 17
		Detailed Summary Page	FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Ful)		
50 Stare	Strategy		
LOAN SOURCE Full Name	(Last First Middle Initial)	TE	ection:
	(Last, 1 not, whose mady		Primary
Robinson Co	mmunications. Inc		General
	ird St. San Jose CA		Other (specify)
752 N. 7h	State ZIF	95/12 Code	
Original Amount of Loan	Cumulative Paymer	nt To Date Balance	Outstanding at Close of This Peri
5	0,000		n_n_n_5,000,000
TERMS Date Incurre	d Date	Due Interest Rate	Secured:
MUM / FOVO / TV		14242424J 1-0-0-1	
0.3 1.5 2	210	none Loo	N (apr) Yes N
List All Endorsers or Guar	antors (if any) to Loan Source		
1. Full Name (Last, First, I	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
, maining / tool ood			
		Amount	
City	State ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, M	liddle Initial)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Guaranteed	
2 Full Name /Lost First N	liddle Initial)	Outstanding:	
3. Full Name (Last, First, N	nddie initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed	<u> 1 г. г. г. г. г. г. г. г. г. г. г. г. г. </u>
)	-	Outstanding:	
4. Full Name (Last, First, N	fiddle Initial)	Name of Employer	
Mailing Address		Occupation	
J			
	A	Amount	
City	State ZIP Code	Guaranteed Outstanding:	
<u> </u>			
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	Form 3X)		Use separate schedule(s)	PAGE 16 OF 17
ANS			for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 33
ME OF COMMITTEE (In Fi	III)			
50 State	Share	97		
Starte LOAN SOURCE Full Nam	ne (Last, First, Mic	de Initial)		election:
a				Primary
Robinson	Commi	unications.	Inc.	General Other (appoint)
Mailing Address	1			Other (specify)
Mailing Address /52 N. Third City	L St. Sa	State ZIP	95// 2 Code	
Original Amount of Loan		Cumulative Payment	To Date Balanc	e Outstanding at Close of This Po
		N		2000
TERMS				
		Date C	PACKARAL LACARA	
	2017		none co	(apr)
List All Endorsers or Gua 1. Full Name (Last, First,		o Loan Source	Name of Employer	
i. Full Name (Last, First,	Middle initial)		Name of Employer	
Mailing Address			Occupation	· · · · · · · · · · · · · · · · · · ·
			Amount	
City	State	ZIP Code	Guaranteed	
A Folk Name of the Arrival			Outstanding:	
2. Full Name (Last, First,	Middle Initial)		Name of Employer	
Mailing Address		· · · · · · · · · · · · · · · · · · ·	Occupation	
			Amount	
City	State	ZIP Code	Guaranteed	
···,	5.0.0	2 0000	I II	
3. Full Name (Last, First,	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
				····
City	State	ZIP Code	Amount Guaranteed	
Oity	Otale	Zii Oode	1 13	
4. Full Name (Last, First,	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
				· · · · · · · · · · · · · · · · · · ·
City	State	ZIP Code	Amount Guaranteed Outstanding:	
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Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C	(FEC	Form	3X)
LOANS			

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 17 OF 17

	Detailed Summary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)	
50 State Strategy	·
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
	Primary
Robinson Communications, Inc.	General
Mailing Address	Other (specify) ▼
Mailing Address 152 N. Third St. San Juse CA 957 City State ZIP Co	
	· · · · · · · · · · · · · · · · · · ·
Original Amount of Loan Cumulative Payment To	
0, ,, ,, ,, o,	
TERMS Date Incurred Date Due	e Interest Rate Secured:
LMAN, Land, LANANAN LMAN, Land, 1 (14	
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
	Occupation
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
O Full Name (Lock First Middle Initial)	Cotstanding.
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	·
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
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TOTALS This Period (last page in this line only)	► \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Carry outstanding balance only to LINE 3, Schedule D, for this line.	If no Schedule D, carry forward to appropriate line of Summary.

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): 6 5 **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):